

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/643404

FILING DATE

APPLICANTS

CLAIMS						
	AS FILED		FIRST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		1		
5				2		
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TOTAL IND.	1	0	1	0		0
TOTAL DEP.	5	0	3	0		0
TOTAL CLAIMS	6		4			

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100						
TOTAL IND.		0		0		0
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS